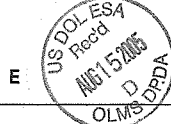


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8320</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Clayton</b> <b>W</b> <b>Dela Cruz</b>  P.O. Box, Bldg., Room No., if any  Street <b>4154 Hardy St.</b>  City <b>Lihue</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96766-0313</b>	4. Name, file number, and address of labor organization. Name <b>ILWU Local 142</b>  Labor Organization File Number <b>016-952</b>  P.O. Box, Building and Room Number, if any  Street <b>451 Atkinson Drive</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96814</b>
5. Position in labor organization. <b>Division Director</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          
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### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Clayton W. Dela Cruz*

On

**8-8-05**

Date

**(808) 245-3374H**

Telephone Number

Name of Person Filing Clayton Dela Cruz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="The Hotel Industry - ILWU Pension Plan"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1221 Kapiolani Blvd., Suite #900"/></p> <p>City <input type="text" value="Honolulu"/></p> <p>State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96814"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="The Hotel Industry - ILWU Pension Plan"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1221 Kapiolani Blvd., Suite #900"/></p> <p>City <input type="text" value="Honolulu"/></p> <p>State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96814"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px;"><p>The Hotel Industry-ILWU Pension Plan is a defined benefit multi-employer pension plan providing pension benefits for employees who are represented by ILWU Local 142 and is therefore a trust in which the ILWU Local 142 is interested. Per DOL guidelines, It is also a business that needs to be reported on my LM-30.</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"><p>The income received consists of expense reimbursements attributable to travel expenses incurred while attending Trustee Meetings or Trustee Educational Conferences</p></div> <p>12.b. Amount. <input type="text" value="(see attached)"/></p>

<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Attachment to  
FORM LM-30  
Labor Organization Officer and Employee Report  
Clayton Dela Cruz  
Ending Date of Report: December 31, 2004

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended LM-30.

1. July 16-17, 2004-The Hotel Industry-ILWU Pension Plan Quarterly Meeting.:  
a. Hotel & Misc.(meals/tips/etc.)-----\$260.00

Total- ----- \$260.00

2. November 30-December 4, 2004-50th Annual Employee Benefits Conference at New Orleans, Louisiana:

- a. Airfare----- \$710.00  
b. Hotel & Misc.(meals/tips/etc.)----- \$805.00

Total- ----- \$1,515.00

Total for Year-----\$1,775.00